Exhibit M
Walker Baptist Medical Center Records dated 2/17/04

20

WALKER BAPTIST MEDICAL CENTER

EMERGENCY PHYSICIAN RECORD

Alleged Assault (5)

BARRON, TOMMY
SOUTHERN MEDICAL GRO
MR: 0246796 M W 046 02/17/04
PT: 9666031-1 DEB ED 27 M

TIME SEEN: 1125 ROOM: 3 __ EMS arrival
HISTORIAN: patient __spouse __paramedics
AGE 4 6 M / F
__HX / __EXAM LIMITED BY:

HPI chief complaint: injury to: [illegible]

occurred:
__just PTA
__today
__yesterday
6 days PTA

where:
__home __school
__neighbor's __city park
__work __street

context: __fists __kicked __choking
__pushed/thrown down __pushed/thrown against wall
__struck with object(s):
[illegible]

location of pain/injuries:
head face mouth
neck chest abdomen
back *upper mid- lower*
radiating to R / L thigh / leg

(right)		(left)	
shldr	hip	shldr	hip
arm	thigh	arm	thigh
elbow	knee	elbow	knee
f-arm	leg	f-arm	leg
wrist	ankle	wrist	ankle
hand	foot	hand	foot

severity of pain:
mild
moderate
severe

associated symptoms:
__lost consciousness / dazed
duration:
remembers:
impact *coming to hospital*
__seizure

ROS - all systems neg excpt as markd
__loss feeling/power arms/legs
__headache
__double vision / hearing loss
__trouble breathing / chest pain
__nausea / vomiting
__loss of bladder function
__skin laceration
__recent fever / illness

SOCIAL HISTORY __recent ETOH __smoker __drug abuse

PAST HISTORY negative
[illegible] HTN

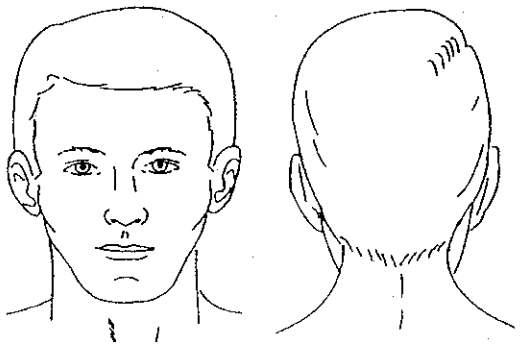
Meds- __none / __see nurses note
Allergies- __NKDA / __see nurses note

☐ Nurses note reviewed ☐ Tetanus immun. UTD ☐ Vital signs reviewed

PHYSICAL EXAM __Alert __Lethargic __Anxious
Distress- __NAD __mild __moderate __severe
Other- __c-collar (PTA / in ED) __back-board __IV __splint

HEAD
__no evidence of trauma
__see diagram
__Battle's sign / Raccoon Eyes

NECK
__non-tender
__painless ROM
__trachea midline
__see diagram
__vertebral point-tenderness
__muscle spasm / decreased ROM
__pain on movement of neck



EYES
__PERRL
__EOMI
__unequal pupils R- ___mm L- ___mm
__EOM entrapment / palsy
__subconjunctival hemorrhage

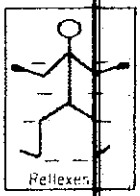
ENT
__nml external inspection
__no dental injury
__hemotympanum
__TM obscured by wax
__clotted nasal blood
__dental injury / malocclusion

RESP & CVS
__chest non-tender
__breath sounds nml
__heart sounds nml
__see diagram (on reverse)
__decreased breath sounds
__wheezing / rales
__splinting / paradoxical movements

ABDOMEN
__non-tender
__no organomegaly
__see diagram (on reverse)
__tenderness / guarding / rebound
__mass / organomegaly

GENITAL / RECTAL
__nml genital exam
__nml vaginal exam
__nml rectal exam
__heme negative stool
__perineal hematoma
__blood at urethral meatus
__decreased rectal tone

NEURO / PSYCH
__oriented x3
__mood & affect
__CN'S nml as tested
__sensation & motor nml
__confusion / disorientation
__EOM palsy / anisocoria
__facial asymmetry
__unsteady / ataxic gait
__sensory / motor deficit

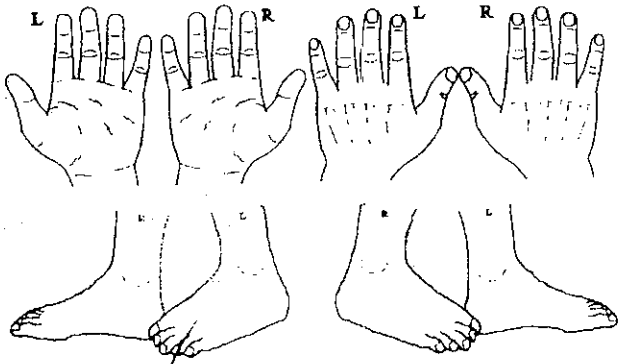


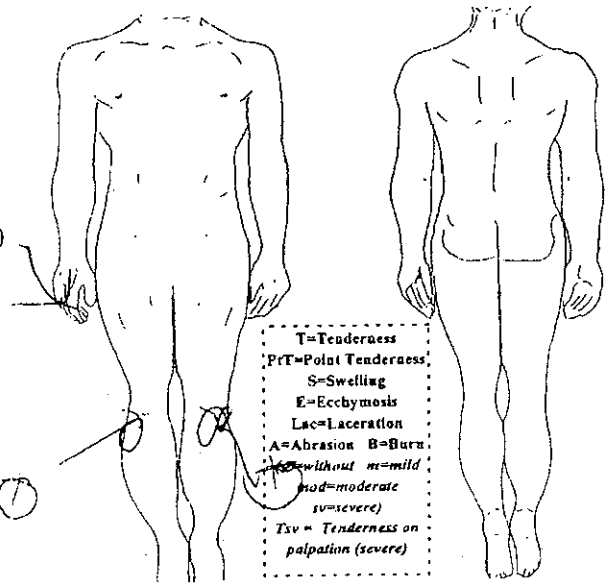
Walker BURCH, TAZ D Encounter #96666511 2/17/2004 [illegible]

SKIN
__intact
__warm, dry
__see diagram
__crepitus / diaphoresis

BACK
__no CVA tenderness
__no vertebral tenderness
__see diagram
__vertebral point-tenderness
__CVA tenderness
__muscle spasm / limited ROM

EXTREMITIES
__atraumatic
__pelvis stable
__hips non-tender
__no pedal edema
__nml ROM
__see diagram
__bony point-tenderness
__painful / unable to bear weight
__pulse deficit
Joint Exam:
__limited ROM / ligaments laxity / joint effusion





PROGRESS:

BARRON **TOMMY**
SOUTHERN MEDICAL GRO 02/17/04
MR: **0246796** M W 046 DOB: 06/21/1957
PT: **9666031-1** DEB ED 27 M

Rx'd

__Discussed with Dr.
will see patient in: office / ED / hospital
__Counseled patient / family regarding:
lab results diagnosis need for follow-up
__Admit orders written

__CRIT CARE- 30-74 min
75-104 min ____ min
__Prior records ordered
__Additional history from:
family caretaker paramedics

XRAYS ☐Interp. by me ☐Reviewed by me ☐Discsd w/radiologist

C-Spine D-Spine LS-Spine	
__nml / NAD	__reversal / straightening of cerv. lordosis
__no fracture	__DJD / spondylosis / spurring
__nml alignment	
__soft tissues nml	
CXR	__rib fracture
__nml / NAD	__infiltrate / atelectasis
__no infiltrates	
__nml heart size	
__nml mediastinum	

OTHER ☐See separate report

CLINICAL IMPRESSION: *Alleged Assault*

contusion				**sprain / strain**	
head		wrist	R / L	neck dorsal lumbar	
face		hand	R / L		
chest		hip	R / L		
abdomen		thigh	R / L	**concussion**	
back		knee	R / L	*with LOC w/o LOC*	
shoulder	R / L	leg	R / L		
arm	R / L	ankle	R / L	**laceration**	
elbow	R / L	foot	R / L		
forearm	R / L				

Discharge Instructions

DISPOSITION- ☐home ☐admitted ☒transferred
CONDITION- ☐unchanged ☐improved ☒stable

138

NP / PA

MD / DO

I have personally performed and participated in all the above services (including HPI and PE) and procedures. I have reviewed with the PA/NP the history and have confirmed the findings with the patient.

☒Template complete ☐Progress Notes

(Scott Dixon)

138

Wound Description/Repair
length_____cm **location**
__superficial __SQ __muscle __linear __*stellate __*irregular
__clean __contaminated *moderately / *heavily*
distal NVT: __neuro & vascular status intact __no tendon injury
anesthesia: __local __digital block _____cc
__lidoc 1% 2% epi / bicarb __marcaine .25% .5% __LET
prep:
__Betadine / Peroxide / Saline
__irrigated / washed w/saline *extensively
__explored
__*debrided / undermined *extensively
__foreign material removed *minimal moderate *extensive
repair: *Wound closed with: wound adhesive / steri-strips*
SKIN- #_____ _____-0 nylon / prolene / staples
*SUBCU- #_____ _____-0 vicryl / chromic
*may indicate intermediate repair *may indicate intermediate or complex repair

WALKER BAPTIST MEDICAL CENTER

DISCHARGE INSTRUCTIONS

NAME BARRON TOMMY DATE 02/17/04 PT # 9666031-1

Discharge Instructions Given to Patient

Fever	Back Pain
Head Injury	Sprain/Strain
Cast/Splint	Vomiting/Diarrhea
Wound Care	UTI
Crutch Training	Food/Drug Interaction

Other _____

1. Return if worse. 2. Read instruction sheet.
3. Have prescription(s) filled as soon as possible.
4. Special instructions: _____
5. Medication received in ER may hinder your ability to operate any vehicle or other type of machinery.
6. You should see Dr. _____ in _____ days.
   You should see Dr. _____ in _____ days.
   Call for appointment, phone number _____

Examination and treatment you have received in the Emergency Department is given as emergency care only. It is not indended to be a substitute for complete medical care. X-ray impressions made in the Emergency Department are subject to review. If the review indicates additional information, you or your physician will be contacted.

I acknowledge that I have received and understand these instructions.

Patient Signature _____ Date _____ Time _____

Nurse Signature _____

SCHOOL / WORK EXCUSE

WALKER BAPTIST MEDICAL CENTER

Date 02/17/04 Patient Name BARRON TOMMY

May Return to Work / School Date _____

Restrictions: ☐ None ☐ Other _____

MD Signature _____

WALKER BAPTIST MEDICAL CENTER

Name BARRON TOMMY Date 02/17/04
2651 LEONARDS CHAPEL ROAD

Address CARBON HILL AL 355493450

MEDICINE PRESCRIBED

MEDICINE	SIG	DISP	REFILL

Fill All Medicines Prescribed

DISPENSE AS WRITTEN _____ MD DEA NO. _____

PROD. SELECTION PERMITTED _____ MD LICENSE NO. _____

WALKER
BAPTIST MEDICAL CENTER

BARRON TOMMY
SOUTHERN MEDICAL GRO [redacted] 02/17/04
MR:0246796 M W 046
PT: 9666031-1 DEB ED 27 M

MEDICATION / TREATMENT / RESPONSE

TIME	MEDICATION / TREATMENT	DOSE	ROUTE	SITE	INITIAL	TIME	PATIENT RESPONSE	INITIAL
1144	Toradol	60	IM	[illegible]	[illegible]	1435	↓ pain	[illegible]

MD ORDERS

TIME

[illegible handwritten orders]

OCL splint (R) [illegible]

[illegible]

1419 Not in room. [illegible]
1430 OCL splint applied to ~~Left~~ Right hand. ACE wrap applied to R + L knee. Verbal discharge instructions. Pt ambulated out.

INTERVENTIONS/ORDERS

EXP/Lot No.
TD 0.5 Ml IM
❑ B/P Monitoring ❑ IV ❑ Hep Lock
❑ Oxygen ❑ Pulse OX ❑ Telemetry

LABORATORY

ORDERED / COMPLETED — TEST

❑ CBC WBC ____ HGB ____ PLT. CT. ____
HCT ____ SEG ____ B ____
❑ Cardiac Enzymes CK ____ MB ____ CKMB% ____
❑ Troponin ____ ❑ CPK ____
❑ PT ____ PTT ____ INR ____
❑ BMP Na ____ K ____ Cl ____ CO2 ____ BUN ____
Creat ____ AG ____ Glucose ____ Ca ____ Osmo ____
❑ CMP BMP (Above) + Hepatic Function Panel (Below)
❑ Hepatic Function Panel Albumin ____ Total Protein ____
Bilirubin ____ Bili Direct ____ Alk. Phos. ____ SGOT ____ SGGT ____
❑ Amylase ____ ❑ Lipase ____
❑ Theophylline ____ ❑ Dilantin ____
❑ Digoxin ____ ❑ Phenobarb ____
❑ UA. SPGR ____ WBC ____ RBC ____ Gluc ____ Ket ____ Bact ____ Nitrate ____
❑ Urine Culture ❑ Cath ❑ CCU ❑ Urine Pregnancy
❑ Urine Drug Screen ____ ❑ ETOH ____
❑ Serum Pregnancy ❑ Neg ❑ Pos ❑ Quant
❑ Rapid Strep ❑ Throat Culture ❑ Mono Spot
❑ Blood Culture x ____
❑
❑ [illegible] knees)

RADIOLOGY

Time To ____ [illegible] Time From ____

(R) [illegible]

RESPIRATORY

❑ ABG PH ____ CO2 ____ PO2 ____ SAT ____
❑ Breathing Treatment: Medication ____
❑ EKG ❑ NSR Rate ____ ❑ ABNL ____
❑

NURSE DISCHARGE CHECKLIST: ❑ Tetanus Given ❑ IV Site Checked ❑ Valuables Checklist
❑ Antibiotic Given

VITAL SIGNS

TIME	TEMP	PULSE	RESP	B/P	PULSE OXIMETRY	NURSE SIGNATURE/TITLE

See Vital Signs Flow Sheet

IV FLUIDS

TIME	NO.	TYPE	AMT.	RATE	CATH	ROUTE/LOC	NO. OF STICKS	NURSE INIT

CERTIFIED EMERGENCY: ❑ YES ❑ NO
DIAGNOSIS: ❑ SEE T - SHEET OTHER ____
DISPOSITION: ☑ Discharged ❑ 23 Hr. Obs ❑ Admit to Rm./Unit ____ ❑ Report to/Time ____
❑ Transfer to Hosp./Fac ____ ❑ AMA

METHOD OF LEAVING ED: ☑ Ambulatory
❑ Stretcher ❑ Wheelchair ❑ Crutches
❑ Carried ❑ Amb./Helicopter

❑ OBSERVATION @ Time ____ ❑ Chest Pain Bed ❑ Stroke Bed ❑ Critical Care Bed ❑ ICU Bed ❑ Other ____

DISCHARGE INSTRUCTIONS:

❑ Return to Emergency Department as Needed ❑ F/U with MD in ____ or if needed.
PATIENT D/C INSTRUCTIONS GIVEN: ❑ Head Injury Sheet ❑ Wound Sheet ❑ Fever Sheet
❑ Crutch Precautions ❑ Sprain/Bruise Sheet ❑ Eye Patch Sheet ❑ Clear Liquid Sheet ❑ TAB Sheet
❑ Instructed Not to Drive Due to Sedation ❑ Instructed to Wait 15 Minutes After injection / PO MED
☑ RX ☑ Written Patient Instructions ❑ See Nurse's Notes DISCHARGE TIME: 1435

CONDITION AT DISCHARGE: ❑ GOOD ❑ POOR ❑ FAIR ❑ DECEASED
Physician's Signature: [signature]
Discharge Nurse's Signature: L Hays

REV 4/01 WBMC-6300-03-PG/C-122141

Emergency Department **ORDER FORM**

WALKER BAPTIST MEDICAL CENTER

Addressograph

EMERGENCY DEPT. TRIAGE FORM

TRIAGE NAME: Barron | AGE: 9 | DATE: 2/17/4

BARRON, TOMMY
SOUTHERN MEDICAL GRO
MR: 0246796 M W 046
PT: 9666031-1 DEB ED 27 M
02/17/04 [redacted]

ROOM #	TIME IN ROOM	EMERG.	URGENT	SEMI-URGENT	NON-URGENT	RECHECK
3	1120		/			☐ Scheduled ☐ Non-Scheduled

ACCOMPANIED ON ARRIVAL BY: ☐ SELF ☐ RELATIVE ☐ OTHER
☐ TRANSFER FROM N/A HOSP
NOTIFIED: Police ☐ Family ☐ Coroner ☐ Time N/A
MODE OF ARRIVAL: ☐ PRIVATE VEHICLE ☐ AMBULANCE ☐ POLICE ☐ OTHER
☑ AMBULATORY ☐ WHEELCHAIR ☐ CARRIED ☐ CRUTCHES ☐ STRETCHER

FAMILY M.D.: Sitee | SIGN IN TIME: 1106
Have you seen an M.D. in the last 24 hours? Y ☐ N ☑ | Call Light ☑ | Side Rail Up ☑ | Valuables ☐ Y ☑ N ☐ See Valuables Checklist

AREA ☐ MAIN ED ☐ TRAUMA ☐ Major ☐ Minor ☑ MEDICAL ☐ Cardiac ☑ Non-Cardiac ☐ FAST TRACK: ☐ GYN ☐ EENT ☐ ORTHO ☐ Other

CHIEF COMPLAINT: R) hand injury X 3 DAYS R/to Assault

TREATMENT PRIOR TO ARRIVAL: ☑ None
Medication: _____ Time _____
Other: _____

Prehospital Care:
☑ None ☐ Ice ☐ Elevate
☐ Spinal Immob. ☐ Splint _____
☐ C-Collar ☐ IV _____
☐ Dressing _____ ☐ O₂ _____

PAST MEDICAL HISTORY
☐ Non-significant PMH ☑ AMI Date _____ ☐ CHF
☑ HTN ☐ CABG ☐ CAD ☐ ASCVD ☐ Diabetes ☐ PUD
☐ CRF ☐ COPD ☐ Asthma ☐ Sz Disorder Use ☑ Arthritis ☐ Ca
☐ CVA ☐ Sickle Cell ☐ HIV ☐ Hepatitis ☐ Liver Disease
☐ Migraine ☐ Other: _____
Weight 205 ☑ Tobacco use 1pk ☐ Alcohol use 0

ALLERGIC TO
DRUG ☐ YES ☑ NO LIST: _____
FOOD ☐ YES ☑ NO LIST: _____

PRESENT MEDICATIONS NONE ☐ SEE HOME MED SHEET ☐ SEE NURSING HOME LIST ☐ Patient brings

Tetanus ☐ U.T.D. ☑ unknown ☐ > 5 years

VITAL SIGNS

Time	Pulse	Resp.	B/P	Temp T R O	Pulse Ox
1115	112	20	126/65	97.8	99%c

ASSESSMENT

RESPIRATORY
☐ Not applicable
☑ Normal bilateral
☐ labored
☐ rales/rhonchi
☐ wheezing R L
☐ retractions
☐ nasal flaring
☐ decreased R L
☐ Cough
☑ non-productive
☐ productive
☐ sputum color:
☐ airway clear
☐ part. obstructed
☐ obstructed

CARDIO-VASCULAR
☐ Not applicable
☑ Pulse regular
☐ irregular
☑ Skin W & D
☐ cool & clammy
☑ Skin pink/normal
☐ pale
☐ cyanotic
☐ flushed
☐ jaundiced
☐ rash
☐ Cap refill <2 sec
☑ >2 sec
☑ Pulses intact
☐ Edema
☐ JVD

GASTROINTESTINAL
☑ Not applicable
☐ Bowel sounds present
Abdominal
☐ Soft ☐ Firm
☐ Non-distended ☐ Distended
Abdominal Tenderness
☐ Yes ☐ No
☐ Rebound Last BM _____
Diarrhea ☐ Yes ☐ No
Vomiting ☐ Yes ☐ No

GENITOURINARY
☐ Not applicable ☐ Dysuria
☐ Frequency ☐ Discharge
☐ Swelling _____
☐ Hx of Bleeding _____
☐ LMP _____

HYDRATION STATUS
☐ Not applicable
Mucous Membranes
☑ Moist ☐ Dry
Eyes
☑ Normal ☐ Sunken
Skin Turgor
☐ Poor ☑ Normal

FONTANELLES ☑ N/A > 19 mon
☐ flat ☐ bulging
☐ depressed

GROWTH & DEVELOPMENT
Personal-Social ☑ WNL no
Fine Motor ☑ WNL no
Language ☑ WNL no
Gross Motor ☑ WNL no

PEDIATRIC IMMUNIZATION:
☐ LTD
☐ NUTD*
Head Circum.: _____
☑ N/A > 36 mon
Birth Weight _____

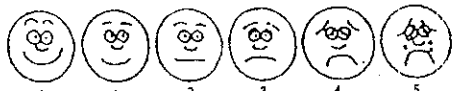
SKIN/EXTREMITY
☐ Not Applicable
☑ Wound/Injury (Describe)
R) hand swollen & bruised

Fall Precaution: ☐ Yes ☑ No
Green Armband On ☐ Yes ☑ No
At Risk for Skin Breakdown: ☐ Yes ☑ No
Advance Directive ☐ Yes ☑ No
DNR ☐ Yes ☑ No

PAIN ASSESSMENT

☐ NONE ☑ CURRENTLY HAVE PAIN ☐ PAIN IN LAST 6-8 WEEKS
LOCATION: R) hand
ONSET: 3 DAYS QUALITY: Sharp ☐ CONSTANT ☐ INTERMITTENT
WHAT HAS RELIEVED YOUR PAIN? PAST: Nerco CURRENT: 6
CURRENT PAIN LEVEL: NEONATE (0-10) _____ INFANT/CHILD (0-5) _____ ADULT (0-10) 8

Pain Intensity (VAS or FACES)



VAS
Rate Pain and effectiveness on scale
0 = no pain & 10 = worst pain
0 1 2 3 4 5 6 7 8 9 10

NUTRITION SCREEN

☑ No Apparent Problem ☐ Teeth Intact ☐ Missing Teeth ☐ Toothless
☐ Poor Appetite ☐ Emaciated Appearance ☐ Obese Appearance ☐ Unintentional Weight Loss: (>10 lbs. in last 3 months)
☐ Pregnancy ☐ Lactating ☐ Anemia ☐ Eating Disorder

FUNCTIONAL SCREEN

☐ Difficulty performing ADLS without assistance or special aids: Normal
☐ Problems with balance or mobility
☐ Difficult speech, chewing or swallowing problems ☐ Visual Impairment

☐ SEE TRAUMA FLOW SHEET ☐ SEE CODE SHEET

Triage Sally Richard R.N.

WBMC-6300-02-WALLACE

Walker BURCH, TAZ D Encounter #

NEUROLOGICAL

- ☐ Not applicable
- ☑ cooperative
- ☐ uncooperative
- ☐ agitated/combative
- ☑ oriented
- ☐ disoriented
- ☐ inappropriate
- ☐ sleeping
- ☐ Reported LOC ☐ Y ☑ N
  Min: _____
- ☐ alert/playful
- ☐ crying
- ☐ irritable

Neck
- ☐ Not Applicable
- ☑ Supple
- ☐ Other _____

Pupils
- ☑ Not Applicable

Acuity
_____ R _____ L
_____ mm Size _____ mm
_____ Brisk
_____ Sluggish
_____ Fixed

NEUROLOGICAL GLASGOW COMA SCALE

Eyes 4
Verbal 5
Motor 6
TOTAL 15

PUPILS (mm) KEY

1 2 3 4 5 6 7 8

ASSESSMENT KEY

(GCS) GLASGOW COMA SCALE		GLASGOW COMA SCALE	
EYE RESPONSE: SPONTANEOUS	4	SPONTANEOUS	4
TO SPEECH	3	TO VOICE	3
TO PAIN	2	TO PAIN	2
NONE	1	NONE	1
VERBAL RESPONSE: SMILES, INTERACTS	5	ORIENTED	5
CONSOLABLE	4	CONFUSED	4
CRIES TO PAIN	3	INAPPROPRIATE WORDS	3
MOANS TO PAIN	2	INCOMPREHENSIBLE WORDS	2
NONE	1	NONE	1
MOTOR RESPONSE: NORMAL, SPONT. MOVEMENT	6	OBEYS COMMAND	6
LOCALIZES PAIN	5	LOCALIZES PAIN	5
WITHDRAWS TO PAIN	4	WITHDRAWS TO PAIN	4
ABNORMAL FLEXION	3	FLEXION (PAIN)	3
ABNORMAL EXTENSION	2	EXTENSION (PAIN)	2
NONE	1	NONE	1

PSYCHOSOCIAL STATUS / EDUCATION

Are there any religious, traditional, ethical or cultural practices that need to be a part of your care?

☐ Yes ☐ No

Specify: _____

Are you being hit, hurt or frightened by anyone in your home life?

☐ Yes ☑ No

How do you learn best? ☐ Verbal ☐ Reading ☑ Demonstration

What interferes with your learning? ☐ Physical ☐ Age Related ☐ Communication ☐ Language

☐ Spiritual ☐ Cultural ☐ Hearing ☐ Visual ☑ None ☐ Religious

INTERVENTIONS

- ☐ Tylenol _____ mg. Time _____
- ☐ Ibuprofen _____ mg. Time _____
- ☐ Wound Cleansed _____
- ☐ NPO - Explained at Triage
- ☐ C-Collar
- ☐ Dressing _____
- ☐ Ice & Elevation
- ☐ Immobilization
- ☐ Isolation Mask

CONSENT AND AUTHORIZATION

I am presenting myself for diagnosis and treatment at the Walker Baptist Medical Center and I consent to the rendering of such care, including diagnostic procedures, surgical and medical equipment, and blood transfusions, by authorized members of the hospital medical staff or their designees, as may in their professional judgement be necessary. I acknowledge that no guarantees have been made to me as to the results of such examinations or treatment on my condition.

Undersigned hereby authorizes the Walker Baptist Medical Center and my Physician(s) to release to my insurors full information (including copies of records) relative to this hospitalization.

X Tommy Barron
PATIENT/PARENT/RESPONSIBLE PARTY SIGNATURE

RELATIONSHIP TO PATIENT

WALKER BAPTIST MEDICAL CENTER

CONSENT FOR TREATMENT

BARRON TOMMY
SOUTHERN MEDICAL GRO [redacted] 02/17/04
MR: 0246796 M W 046 ED 27 M
PT: 9666031-1 DEB

(Addressograph)

CONSENT OF HOSPITAL SERVICES: Consent is given to Walker Baptist Medical Center, Radiology Associates of North Alabama, P.C., Southern Medical Group, Inc., Foothills Anesthesia P.C., and Baptist Health Clinics, its contractors and its employees to provide hospital services and administer physician orders. Certain procedures may require separate consents. Physicians are responsible for explaining medical or surgical procedures, and patients may be called following their procedure for quality and continuum of care. The undersigned authorizes observers to be present during treatment/surgery for purposes of medical training and education.

PHYSICIANS: Physicians including, without limitation, Southern Medical Group Inc., Radiology Associates of North Alabama, P.C., Foothills Anesthesia, P.C., and Baptist Health Clinics, and Inpatient Medical Services.

X Tommy Barron
Consent for treatment (by patient or authorized representative)

2-17-04
Date

Witness

WALKER
BAPTIST MEDICAL CENTER

EMERGENCY DEPARTMENT RECORD

PATIENT NO	DATE	TIME	CLINIC 1	VERIFIED BY	ROOM NO	TYPE	F/C	SPECIALTY	CLERK
9666031-1	02/17/04	11:04	ERRM		ED 27	E	M		DEB

AGE	BIRTHDATE	SEX	RACE	M/S	MOTHER'S MAIDEN NAME	SOCIAL SECURITY NO	PHONE	COUNTY	MED. REC. NO
046	[redacted]	M	W	D	HAGOOD	[redacted]	[redacted]	WALKER	0246796

PATIENT NAME & ADDRESS
BARRON TOMMY
[redacted]

LAST VISIT DATE & TYPE: 01/05/04 ERRM0
ACCIDENT DATE/CAUSE: 02/15/04 POSSIBLE AS
W/C CONTACT:
AUTH. NO.:
ARRIVED VIA: CAR/PRIVATE
RECEIPT NO. & AMT.:

GUARANTOR NAME & ADDRESS
BARRON ,TOMMY
[redacted]
SOC. SEC. NO
PHONE

EMPLOYMENT INFORMATION - ONE	REL	SOCIAL SECURITY #	EMPLOYMENT INFORMATION - TWO	REL	SOCIAL SECURITY #
	PHONE	STAT.		PHONE	STAT

IN CASE OF EMERGENCY CONTACT (NAME & ADDRESS)
[redacted]
RELATIONSHIP
PHONE

PHYSICIANS' NUMBERS AND NAMES
1 999995 SOUTHERN MEDICAL GRO
2
3 027904 SILFEE DR SUSAN J RA
PCP PHYSICIAN

1. INSURANCE CODE & NAME: 1M60MEDICARE OUTPT
POLICY NO: [redacted]
GROUP NO
PRECERTIFICATION NO.
SUBSCRIBER NAME & BIRTHDATE: BARRON ,TOMMY

2. INSURANCE CODE & NAME
POLICY NO.
GROUP NO.
PRECERTIFICATION NO.
SUBSCRIBER NAME & BIRTHDATE

3. INSURANCE CODE & NAME
POLICY NO
GROUP NO.
PRECERTIFICATION NO.
SUBSCRIBER NAME & BIRTHDATE

4. INSURANCE CODE & NAME
POLICY NO
GROUP NO.
PRECERTIFICATION NO.
SUBSCRIBER NAME & BIRTHDATE

CHIEF COMPLAINT: FINGER/ELBOW/TAILBONE INJURY
CODES
COMMENTS

RESULTS
Monitor
EKG
Radiology
Laboratory
Other

Time Examining MD Notified: _____ Time Patient Examined: _____
Condition on Arrival: ☐ Satisf. ☐ Fair ☐ Poor ☐ Critical
Chief Complaint:
HPI

Provisional Diagnosis:

Disposition Time: ☐ Discharged ☐ Admitted ☐ Transferred ☐ AMA
Condition On Discharge: ☐ Satisf. ☐ Fair ☐ Improved ☐ Poor ☐ Critical
Certified Emergency: ☐ Yes ☐ No

CONSULT	TIME NOTIFIED	RESPONDED	ARRIVED

_____ M.D.
Examining M.D. Signature

WALKER BAPTIST MEDICAL CENTER

Billing Form

For Financial Class:
M - MEDICARE

Patient Name	BARRON, TOMMY D.	Discharge Date	02/17/2004
Admission Date	02/17/2004	Date of Birth	[redacted]
Medical Record Number	W0246796	Sex	Male
Age	46		
Account Number	W00096660311		

DX	Code	DX Description
1	924.11	Contusion of Knee
2	923.20	Contusion of Hand
3	E968.9	Assault by Means NOS
4	401.9	Hypertension NOS

PR	Code	PR Description	Procedure Date	Surgeon
1	93.54	Application of Splint	02/17/2004	142000

CPT	Code	CPT Modifiers	CPT Description	CPT Date	CPT Surgeon
1	29125	RT	Appl Shortarm Splint, Static	02/17/2004	142000

APC	PSI	Payment Rate	ASC Group	ASC Fee
0058	S	59.64	0	0.00

Attending Physician	dixon,scott ec
Consulting Physician	
Discharge Disposition	AHR - Routine Dsch
DRG =	
Status	Y - Complete

Memo
DRG

MDC	Weight	AMLOS	GMLOS	LOS

Coder staci

02/19/2004